GUARDIAN®

Worcester Polytechnic Institute
Vision Service Plan (VSP) *Full Feature* Program
Benefit Illustration

Plan Features:

	Benefit Details	
	In-network	**Out-of-network**
Eye Exams	$ 20.00 Copay	$ 52.00 Maximum after Copay
Frequency: Every 12 Months		
Lenses		
Frequency: Every 12 Months		
Single Vision	$ 20.00 Copay	$ 55.00 Maximum after Copay
Bifocal	$ 20.00 Copay	$ 75.00 Maximum after Copay
Trifocal	$ 20.00 Copay	$ 95.00 Maximum after Copay
Lenticular	$ 20.00 Copay	$125.00 Maximum after Copay
Contact Lenses*		
Frequency: Every 12 Months		
Medically Necessary	$ 20.00 Copay	$210.00 Maximum after Copay
Elective	$130.00 (Copay waived)	$105.00 (Copay waived)
Frames**	$130.00 after $20 Copay	$ 57.00 after $ 20 Copay
Frequency: Every 24 Months		
Rates		
Individual	$6.04	
Two Party	$9.17	
Full Family	$16.11	

*Contact lenses are in lieu of lenses and frames.

**Approximately 15,000 frames are covered in full. Frames not fully covered are offered at a discounted cost. If you select a frame that exceeds the retail allowance, the plan will cover 20% of the amount above the allowance. You must pay the rest.

Note: Lens coverage includes polycarbonate lenses for children up to age 21.

An employee's eligible dependents are: (a) his or her legal spouse or domestic partner; and (b) each of his or her dependent children until the earliest of: (i) the child's 26th birthday; or (ii) December 31, two years after the loss of the child's dependent status under the Internal Revenue Code.

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

This handout is for illustrative purposes. You will receive a benefit booklet when your enrollment application is processed. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.